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LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State IST ANNUAL REPORT FOR

To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

Page___ of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY

2009 JAN 17 AN 10: 05

JE MI (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered year ending ALLEN R. DERR 199 NORTH CAPITOL BLVD. #1005 (Mo.) (Day) (Yr.) BOISE, IDAHO 83702 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported * Total Amount for Item 3, at bottom of page.) All Employers Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Names of Legislators & Public Officials in Group Date Place Amount 0 Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No.1 IDAHO PRESS CLUB Who should file this form: Any lobbyist registered under Section PO BOX 2221, BOISE IDAHO 83701 67-6617 Idaho Code. No.2 IDAHO NEWSPAPER ASSOCIATION Filing deadline: Annual report is due on January 31st. 6560 EMERALD #124, BOISE IDAHO 83704 TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No.4 Phone: (208) 334-2852 Fax: (208) 334-2282

1tem	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.									
	Date		Amount		Name of Legislator Receiving or Benefited					
ltem 5	or Ho the L	ouse Bill,	Resolution or other		Code	LEGISLATIVE SUB Subject Agriculture, horticulture,		IDENTIFICATION Subject Health service, medicine, drugs		
Subject (from			esolution or Other ive Ident, Number	Appropriation Bill Number and Section Number	١,,	farming, and livestock	1,	and controlled substances, health		
31	able)	F Se cha	HB218 HB61 HB175 HB238 HB237 HB48 HB148 HB212 RS14607 enate rule nges 7, 20, and 47	and Section Number	02 03 04 05 06 07 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	18 19 20 21 22 23 24 25 26 27 28 29 30 31	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) Date Date Date Date		
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.								Date		
					J	Employer No. 4 signature		Date		